

# COMMONWEALTH OF VIRGINIA



ARLINGTON CIRCUIT COURT  
Civil Division  
1425 NORTH COURTHOUSE RD  
ARLINGTON VA  
(703) 228-7010

## Summons

To: CT CORPORATION SYSTEM  
4701 COX RD  
STE 285  
GLEN ALLEN VA 23060-6808

Case No. 013CL22003640-00

The party upon whom this summons and the attached complaint are served is hereby notified that unless within 21 days after such service, response is made by filing in the clerk's office of this court a pleading in writing, in proper legal form, the allegations and charges may be taken as admitted and the court may enter an order, judgment, or decree against such party either by default or after hearing evidence.

Appearance in person is not required by this summons.

Done in the name of the Commonwealth of Virginia on, Wednesday, September 21, 2022

Clerk of Court: PAUL F. FERGUSON

by

A handwritten signature in black ink, appearing to read "Paul F. Ferguson", written over a horizontal line.

(CLERK/DEPUTY CLERK)

Instructions:

Hearing Official:

Attorney's name:

Jianyi Zhang

900 S. Washington Street, #112

Falls Church, VA 22046

443-535-2541

jianyi.zhang66@gmail.com

Plaintiff in Pro Se

**RECEIVED**

SEP 19 2022

PAUL FERGUSON, CLERK  
Arlington County Circuit Court  
by SA Deputy Clerk

THE CIRCUIT COURT OF ARLINGTON COUNTY

STATE OF VIRGINIA

Jianyi Zhang

Plaintiff

v.

CIGNA HEALTHCARE, INC

(CIGNA)

Defendant

CT CORPORATION SYSTEM

4701 Cox Rd Ste 285, Glen Allen

VA, 23060 – 6808

Case No. CL22 - 3640

TORT CLAIMS AGAINST

DEFENDANT'S NEGLIGENCE

1. From Dec. 2019 to May 2021, Defendant only paid Plaintiff around 1% of the fair-market rate for service provided by Plaintiff.
2. Plaintiff contacted Defendant numerous times without a proper response until 28 months later; Defendant refused to reimburse Plaintiff based on fair-market rate.
3. As a result of Defendant's negligent behavior, Plaintiff has suffered a tremendous financial loss and mental anguish.

4. WHEREFORE, Plaintiff prays for judgment against Defendant of at least \$41,827 or more.

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Jianyi Zhang, Plaintiff in Pro Se

Jurisdiction is proper as Plaintiff runs a business (a medical clinic) in Falls Church, Virginia.

1. Plaintiff seeks damages arising from the negligence of CIGNA (Defendant)
2. Mistakes made by Defendant caused Plaintiff's financial loss and mental anguish.
3. The damages to Plaintiff and Plaintiff's business are under the jurisdictional of the Circuit Court.

VENUE 4. The venue is proper because Plaintiff has functioned in Falls Church, Virginia. Defendant is a registered business in Virginia and has operated a business in Virginia now and then.

#### **FACTS APPLICABLE TO ALL COUNTS**

5. Plaintiff Jianyi Zhang conducted business as a medical doctor at Falls Church, Virginia 22630.
6. Plaintiff, a physician in the CIGNA network as a contract provider, treated patients with addiction problems. Plaintiff ran a chemical analyzer (see attached 1) routinely to verify substances in urine from patients.
7. The billing code for the analyzer is 80307; the paying rate for the code ranges from \$69.09-\$71.01, depending on insurance companies (see attached 2 and 3).
8. Starting December 2019, Defendant changed her policy and only paid the doctor from \$0.55 to \$0.79 (see attached 4 & 5) without proper knowledge of Plaintiff.
9. Since January 2020, Plaintiff contacted Defendant numerous times for the billing issue, by email or phone, but did not receive any response.
10. Plaintiff withdrew his participation with CIGNA in May 2021.

11. Plaintiff filed a complaint with VA State Corporation Commission (SCC), and Defendant replied on April 4, 2022 (see attached 6), to claim that Defendant sent a notice in November 2019 and said that analyzer work must be done in a third-party lab.

12. It took 27 months for Plaintiff to get a reply from Defendant, which breached her duty and violated statutes in the following sections:

§ 38.2-510 Unfair claim settlement practices

13. (2) Failing to acknowledge and act reasonably promptly upon communications with respect to claims arising under insurance policies.

14. (5) Failing to affirm or deny coverage of claims within a reasonable time after proof of loss statements have been completed.

15. (6) Not attempting in good faith to make prompt, fair and equitable settlements of claims in which liability has become reasonably clear.

16. (12) Delaying the investigation or payment of claims by requiring an insured, a claimant, or the physician of either to submit a preliminary claim report and then requiring the subsequent submission of formal proof of loss forms, when both contain substantially the same information.

17. (13) Failing to promptly settle claims where liability has become reasonably clear under one portion of the insurance policy coverage in order to influence settlements under other portions of the insurance policy coverage.

18. (14) Failing to promptly provide a reasonable explanation of the basis in the insurance policy in relation to the facts or applicable law for denial of a claim or for the offer of a compromise settlement.

§ 38.2-3407.15. Ethics and fairness in carrier business practices.

19. (3b) Every carrier shall make available to such providers within 10 business days of receipt of a request copies of or reasonable electronic access to all such policies which are applicable to the particular provider or to particular health care services identified by the provider.

20. F. Any provider who suffers loss as the result of a carrier's violation of this section or a carrier's breach of any provider contract provision required by this section shall be entitled to initiate an action to recover actual damages.

#### COUNT I - Negligence

21. Plaintiff incorporates the preceding paragraphs of this Complaint as if fully set forth herein.

22. Defendant failed to respond to Plaintiff in the timely fashion set above.

23. Defendant's in-actions and omissions were a reckless and substantial departure from their duties and constituted negligence.

24. Defendant behaves self-contradictorily, grossly negligent, and intentional, and lacks professional integrity.

25. Defendants' negligence was the direct and proximate cause of the damages suffered by Plaintiff.

26. As a result of the miscoding of the medication, Plaintiff's business sustained a direct loss of over \$10,456.75 in 18 months.

### **PRAYER FOR RELIEF**

WHEREFORE, 27. Plaintiff demands judgment in its favor and against Defendant, individually, jointly, severally, and in the alternative, in the amount of not less than \$10,456.75 for direct business loss as proven during 18 months, together with interest, legal fees, counseling fees, and other reliefs as the case may require.

28. Plaintiffs demands judgment in its favor and against Defendant, individually, jointly, and severally, for not less than \$31,370.25 for Plaintiff's mental anguish, times waited, and punitive damages from January 2020 to the present, together with interest and other reliefs as the case may require.

29. JURY TRIAL REQUEST: Plaintiff respectfully requests a non-jury trial.

Jianyi Zhang

900 S. Washington Street, #112

Falls Church, VA 22046

443-535-2541

[jianyi.zhang66@gmail.com](mailto:jianyi.zhang66@gmail.com)

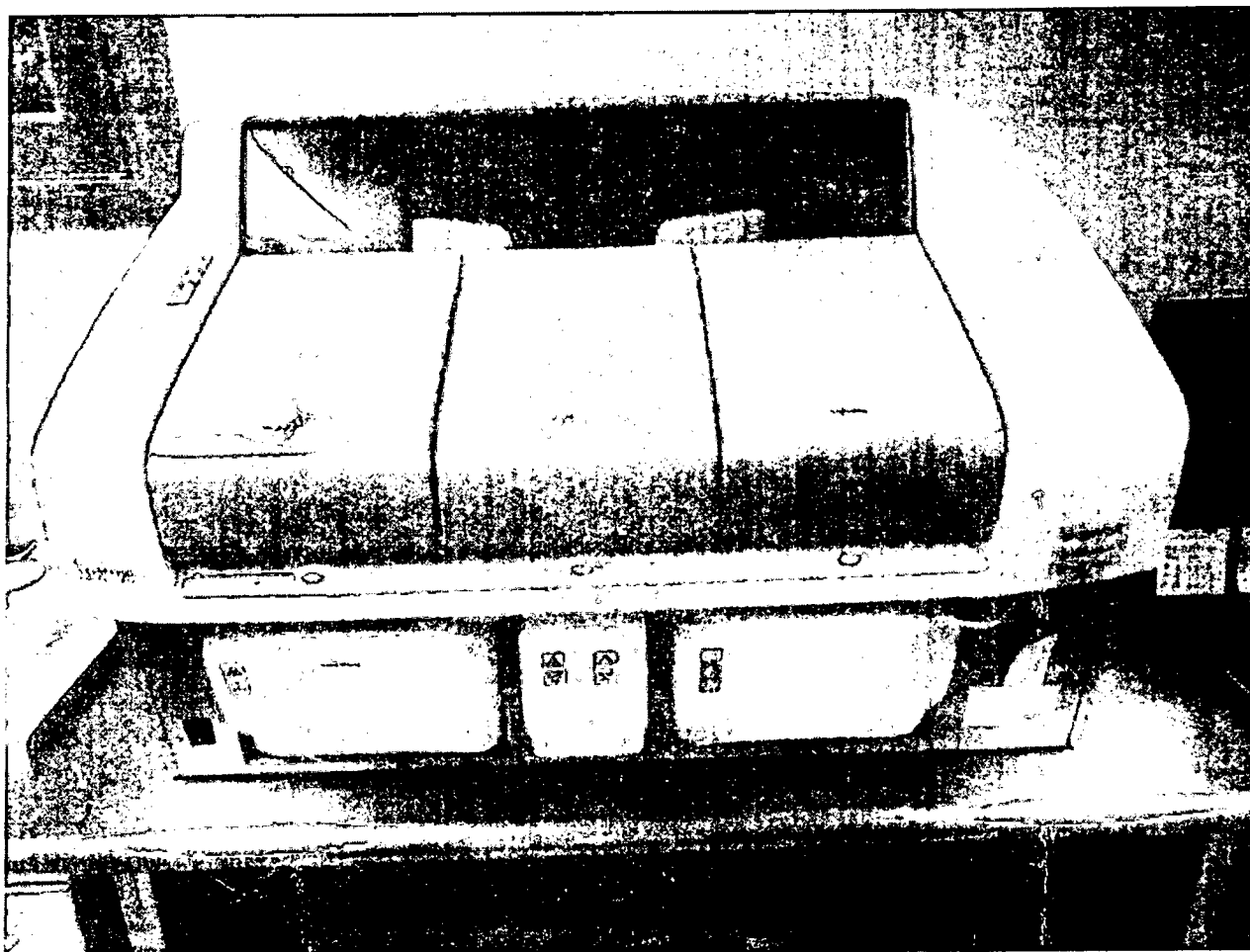
Plaintiff in Pro Se

*J Zhang*

*09/02/2022*

**Supplemental documents**

- 1 Analyzer
- 2 Tricare Payment
- 3 Carefirst Payment
- 4 CIGNA payment 1
- 5 CIGNA payment 2
- 6 CIGNA Email on April 4, 2022
- 7 Estimated short payments from CIGNA



**Notice of Payment**

ACE CARE LLC  
900 S WASHINGTON STREET SUITE 112  
FALLS CHURCH, VA 22046



**BlueCross.  
BlueShield.**

Federal Employee Program

**Inquiries:** MAILROOM ADMINISTRATOR  
PO BOX 14112  
LEXINGTON, KY 40512-4112  
(202) 488-4900  
WWW.CAREFIRST.COM

Page 1 of 2

Date Paid: 11-24-2020  
NPI Number: 1598910317  
Payee Number: Q9250001  
Check Number: 150982882

Claim Number	Line No.	Service From	Service To	Proc/ Mod Code	Submitted Charges	Other Insurance Paid	Allowed Charges	DED Amt	Copay / Coins	RMK Code	Amount Paid	Prior Amount Paid	Net Diff	Mem No.	Patient Liability
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Patient Name: [REDACTED] ID No: R60385828

Account No: B-FR-Z-CT091461 RNPI: 1093778847 TID:731641462

Account No: B-FR-Z-CT091461				RNPI: 1093778847		TID:731641462		Benefits Considered						Adjustments			
0325160617P	1	10-29-20	10-29-20	99214	150.00	0.00	92.48	0.00	30.00	R06	62.48			0001	30.00		
	2	10-29-20	10-29-20	80305	50.00	0.00	0.00	0.00	0.00	M64	0.00			0001	0.00		
	3	10-29-20	10-29-20	80307	75.00	0.00	71.12	0.00	0.00	R06	71.12			0001	0.00		
	4	10-29-20	10-29-20	80307	225.00	0.00	0.00	0.00	0.00	M16	0.00			0001	0.00		
Claim Total					500.00	0.00	163.60	0.00	30.00		133.60				30.00		

Patient Name: [REDACTED] ID No: R60385828

Account No: B-FR-Z-CT091461 RNPI: 1093778847 TID:731641462

Account No: B-FR-Z-CT091461							RNPI: 1093778847			TID:731641462			Benefits Considered					Adjustments			
0325160632P	1	08-06-20	08-06-20	99213	150.00	0.00	63.15	0.00	30.00	R06	33.15					0001	30.00				
	2	08-06-20	08-06-20	80305	50.00	0.00	0.00	0.00	0.00	M64	0.00					0001	0.00				
	3	08-06-20	08-06-20	80307	75.00	0.00	71.12	0.00	0.00	R06	71.12					0001	0.00				
	4	08-06-20	08-06-20	80307	225.00	0.00	0.00	0.00	0.00	M16	0.00					0001	0.00				
Claim Total					500.00	0.00	134.27	0.00	30.00		104.27						30.00				

Patient Name: [REDACTED] ID No: R60385828

Account No: B-FR-Z-CT091461 RNPI: 1093778847 TID:731641462

Account No: B-FR-Z-CT091461				RNPI: 1093778847		TID: 731641462		Benefits Considered						Adjustments			
0325160978P	1	09-03-20	09-03-20	99214	150.00	0.00	92.48	0.00	30.00	R06	62.48			0001	30.00		
	2	09-03-20	09-03-20	80305	50.00	0.00	0.00	0.00	0.00	M64	0.00			0001	0.00		
	3	09-03-20	09-03-20	80307	75.00	0.00	71.12	0.00	0.00	R06	71.12			0001	0.00		
	4	09-03-20	09-03-20	80307	225.00	0.00	0.00	0.00	0.00	M16	0.00			0001	0.00		
Claim Total					500.00	0.00	163.60	0.00	30.00		133.60					30.00	



**Humana**  
Military



# TRICARE REMITTANCE

This is a statement of the action taken on your TRICARE claim. Keep this notice for your records.

If you have questions about this notice, please call toll free 1-800-444-5445. You can also visit us online at [HumanaMilitary.com](http://HumanaMilitary.com)

ACE CARE, 900 S WASHINGTON ST STE 112, FALLS CHURCH VA 22046  
Provider Number: 1093778847

THIS IS NOT A BILL

Check Number: T0014829194

Date of Notice: 06/16/21

Date of Service	Procedure/Mod	No	Billed	Allowed	Deduct	Cost-share	Code	Paid
Patient Number: B-FC-M-WX-061863 Claim Number: 2021167 8052616 Check Number: T0014829194								
Sponsor Number: XXXXX8910			Patient Name: [REDACTED]			Sponsor Name: [REDACTED]		
06/15/21-06/15/21	99214	1	\$140.00	\$140.00	\$0.00	\$35.00	000	\$105.00
06/15/21-06/15/21	80307	1	\$160.00	\$69.09	\$0.00	\$17.27	003	\$51.82
06/15/21-06/15/21	80305	1	\$100.00	\$0.00	\$0.00	\$0.00	04V	\$0.00
PT Resp	\$52.27		Claim Totals	\$400.00	\$209.09	\$0.00	\$52.27	\$156.82

\*Medicare/Other Ins. Paid \$0.00

## Out of Pocket Expenses met to date:

Year	Catastrophic Cap Met to Date	Deductible - Individual	Deductible - Family
2021	\$1,137.70 out of \$3,500.00	\$150.00 out of \$150.00	\$300.00

	Billed	Allowed	Total Payable	Offset	Net Amount Paid
Payment Summary:	\$400.00	\$209.09	\$156.82	\$0.00	\$156.82

## Remark codes:

- 04V: No separate payment is allowed for this mutually exclusive procedure. Providers have the right to request an allowable charge review. A signed written request must be mailed no later than 90 days from the date of this notice.
- 003: If you are not satisfied with our determination of the amount allowed for this item, you have the right to request a review within 90 days of the date of this notice.
- 682: Claim must be submitted electronically.

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<b>Check Info:</b>	<b>Payer:</b>	<b>Pay To:</b>
<b>Check Number:</b> 210805090019899	CIGNA HEALTH AND LIFE INSURANCE COMPANY	ACE CARE LLC
<b>Check Amount:</b> \$64.93	P.O. BOX 182223	900 S WASHINGTON ST # 112
<b>Check Date:</b> 08/09/2021	CHATTANOOGA, TN 374227223	FALLS CHURCH, VA 220464040
		Tax ID: 1598910317

Claim Patient ID Last, First Name Charge Amt Payment Amt Acct# Status  
 1 U0683136901 H 140.00 \$64.93 ZH-HB-05201960 PROCESSED AS PRIMARY

Service Date	CPT	Charge Amt	Payment Amt	Adj. Amt	Remarks	Adjustment Details (Group, Amount, Reason)
07/22/2021	89213	\$140.00	\$64.22	\$75.78		PATIENT RESPONSIBILITY \$7.13 CO-INSURANCE AMOUNT. CONTRACTUAL OBLIGATIONS \$68.65 CHARGES EXCEED YOUR CONTRACTED/LEGISLATED FEE ARRANGEMENT.
07/22/2021	80307	\$300.00	\$0.00	\$300.00		PAYOR INITIATED REDUCTIONS \$300.00 PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
07/22/2021	80305	\$100.00	\$0.00	\$100.00		PAYOR INITIATED REDUCTIONS \$100.00 PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
07/22/2021	80307	\$0.00	\$0.71	-\$0.71		CONTRACTUAL OBLIGATIONS \$74.21 CHARGES EXCEED YOUR CONTRACTED/LEGISLATED FEE ARRANGEMENT. OTHER ADJUSTMENT \$-75.00 PROCESSED IN EXCESS OF CHARGES. PATIENT RESPONSIBILITY \$0.08 CO-INSURANCE AMOUNT.
07/22/2021	80307	\$0.00	\$0.00	\$0.00		CONTRACTUAL OBLIGATIONS \$75.00 BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED. OTHER ADJUSTMENT \$-75.00 PROCESSED IN EXCESS OF CHARGES.
07/22/2021	80307	\$0.00	\$0.00	\$0.00		CONTRACTUAL OBLIGATIONS \$75.00 BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED. OTHER ADJUSTMENT \$-75.00 PROCESSED IN EXCESS OF CHARGES.
07/22/2021	80307	\$0.00	\$0.00	\$0.00		CONTRACTUAL OBLIGATIONS \$75.00 BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED. OTHER ADJUSTMENT \$-75.00 PROCESSED IN EXCESS OF CHARGES.
07/22/2021	80305	\$0.00	\$0.00	\$0.00		CONTRACTUAL \$33.33 THIS PROCEDURE OR

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<b>Check Info:</b>	<b>Payer:</b>	<b>Pay To:</b>
<b>Check Number:</b> 210422090019321	CIGNA HEALTH AND LIFE INSURANCE COMPANY	ACE CARE LLC
<b>Check Amount:</b> \$80.57	P.O. BOX 182223	900 S WASHINGTON ST # 112
<b>Check Date:</b> 04/26/2021	CHATTANOOGA, TN 374227223	FALLS CHURCH, VA 220464040
		<b>Tax ID:</b> 1598910317

Claim Patient ID Last, First Name Charge Amt Payment Amt Acct# Status  
 1 U6164382401 J [REDACTED] \$500.00 \$80.57 B-FR-Z-090386 PROCESSED AS PRIMARY

Service Date	CPT	Charge Amt	Payment Amt	Adj. Amt	Remarks	Adjustment Details (Group, Amount, Reason)
04/15/2021	99214	\$140.00	\$79.78	\$60.22		CONTRACTUAL OBLIGATIONS \$40.22 CHARGES EXCEED YOUR CONTRACTED/LEGISLATED FEE ARRANGEMENT. PATIENT RESPONSIBILITY \$20.00 CO-PAYMENT AMOUNT.
04/15/2021	80307	\$300.00	\$0.00	\$300.00		PAYOR INITIATED REDUCTIONS \$300.00 PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
04/15/2021	80305	\$60.00	\$0.00	\$60.00		PAYOR INITIATED REDUCTIONS \$60.00 PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
04/15/2021	80307	\$0.00	\$0.79	\$-0.79		CONTRACTUAL OBLIGATIONS \$74.21 CHARGES EXCEED YOUR CONTRACTED/LEGISLATED FEE ARRANGEMENT. OTHER ADJUSTMENT \$-75.00 PROCESSED IN EXCESS OF CHARGES.
04/15/2021	80307	\$0.00	\$0.00	\$0.00		CONTRACTUAL OBLIGATIONS \$75.00 BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED. OTHER ADJUSTMENT \$-75.00 PROCESSED IN EXCESS OF CHARGES.
04/15/2021	80307	\$0.00	\$0.00	\$0.00		CONTRACTUAL OBLIGATIONS \$75.00 BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED. OTHER ADJUSTMENT \$-75.00 PROCESSED IN EXCESS OF CHARGES.
04/15/2021	80307	\$0.00	\$0.00	\$0.00		CONTRACTUAL OBLIGATIONS \$75.00 BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED. OTHER ADJUSTMENT \$-75.00 PROCESSED IN EXCESS OF CHARGES.
04/15/2021	80305	\$0.00	\$0.00	\$0.00		CONTRACTUAL OBLIGATIONS \$20.00 THIS PROCEDURE OR PROCEDURE/MODIFIER COMBINATION IS NOT

B5

Teresa Barie  
Services & Solutions – DOI Resolution  
Cigna Legal



April 4, 2022

Mrs. Billie White  
Commonwealth of Virginia  
P.O. Box 1157  
Richmond, VA 23218

P.O. Box 188016  
Chattanooga, TN 37422  
Tel: 704.540.3541  
Fax: 860.731.2984  
CHCCustomerAdvocacy@cigna.com  
teresa.barie@cigna.com

Re: Dept. File #: 126543  
Complainant: Zianyi Zhang, MD  
Activity #: 202202568

Dear Mrs. White:

I am responding to your March 10, 2022 letter concerning the above-referenced file number.

To ensure that our customers receive the highest quality health care services at the best value, in 2019, Cigna made the business decision to contract with National Laboratories, Laboratory Corporation of America (LabCorp) and Quest Diagnostics, Inc. (Quest) to exclusively provide certain laboratory services to our customers. As part of that initiative, we added new Current Procedural Terminology codes to affected providers' fee schedules, and adjusted the reimbursement for some laboratory and pathology codes that should be referred to Quest.

Consistent with Va. Ins. Code § 38.2-3407.15, Dr. Zhang was notified of the changes to his fee schedule on September 1, 2019. For your reference, I have attached a specimen copy of the correspondence that we sent to our providers, including Dr. Zhang, concerning this matter.

If you have any questions please call me at 704.540.3541 or email [teresa.barie@cigna.com](mailto:teresa.barie@cigna.com).

Sincerely,

Teresa Barie

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"Cigna" is a registered service mark and the "Tree of Life" logo is a service mark of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company, Cigna Health and Life Insurance Company, Cigna Health Management, Inc., Evernorth Behavioral Health, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.

	Patient Initials	Cigna ID #	No. of Payment
1	B.K.	U59801699202	1
-2	B.A.	U4734391701	12
3	W.W.	U0231826101	17
4	J.A.	U2072767506	4
5	J.E.	U6164382401	13
6	K.J.	U0236282501	16
7	K.J.	U7129384802	13
8	S.D.	U5614344202	11
9	H.B.	U0683136901	4
10	S.M.	103798985	14
11	F.C.	105018759	13
12	M.S.	U59680666301	15
13	D.K.	U5066938206	10
14	C.M.	U3174576901	8

151

Total payments are counted from December 2019 to May 2021.

The CIGNA payment with 80307 ranged from \$.55 to \$.79/test, the market rate is between \$ 71.01-\$69.09 (see attachment 2 & 3).

Assuming average payment from CIGNA is \$0.75 /test, average payment on market rate is \$70,

The total estimated short of payment is  $(\$70 - .\$75) \times 151 = \$10,456.75$ .

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**VIRGINIA:**

**IN THE CIRCUIT COURT OF ARLINGTON COUNTY**

**JIANYI ZHANG,**

\*

**Plaintiff,**

\*

**v.**

\*

**Case No. CL-22-003640-00**

**CIGNA HEALTHCARE, INC.,**

\*

**Hearing Date/Time:**

**October 21, 2022, 10:00 a.m.**

**Defendant.**

\*

\* \* \* \* \*

**MOTION FOR EXTENSION OF TIME TO ANSWER  
OR OTHERWISE PLEAD IN RESPONSE TO COMPLAINT**

Defendant Cigna Healthcare, Inc. (“Cigna”), by its undersigned counsel, hereby requests an extension of time to answer or otherwise plead in response to the Complaint in the above-referenced matter. In support of this Motion, Cigna states:

1. On or about September 21, 2022, Plaintiff Jianyi Zhang (“Plaintiff”) commenced this action by filing a Complaint. Cigna is the only defendant named in the Complaint. Cigna’s Registered Agent, CT Corporation System, received a copy of the Summons and Complaint in this matter on September 29, 2022. Accordingly, Cigna’s time to answer or otherwise plead in response to the Complaint currently extends through and including October 20, 2022.

2. Defendant alleges in the Complaint that during the relevant time he was a physician who provided services as a contracted provider in the Cigna network. Complaint, ¶ 6. Defendant further alleges that Cigna improperly reimbursed Plaintiff for services during an 18-month period commencing in or about December 2019 and failed to give timely notice to Plaintiff of changes in Cigna’s billing practices. *Id.*, ¶¶ 7-12. Although not explicitly alleged in

the complaint, plaintiff's claims pertain to a number of different patients treated over the course of roughly eighteen (18) months.

3. Cigna is in the process of investigating the facts and circumstances underlying Plaintiff's claims in order to fully and appropriately respond to this matter. Cigna hereby requests a thirty (30) day extension of Cigna's time to answer or otherwise plead in response to the Complaint until and including November 21, 2022.

4. By its undersigned counsel, Cigna attempted to reach Plaintiff by telephone and electronic mail to negotiate an extension of Cigna's time to respond to the Complaint. Plaintiff has not responded to counsel's electronic or voice mail messages.

WHEREFORE, Cigna Healthcare, Inc. respectfully requests that this Court (i) enter an Order granting Cigna an extension of approximately thirty (30) days of Cigna's time to answer or otherwise plead in response to the Complaint; and (ii) grant Cigna such other and further relief as the Court may deem just and appropriate.

Respectfully submitted,

 *Bradley J. Swallow / KAT w/ permission*

Bradley J. Swallow (VSB No. 32170)

FUNK & BOLTON, P.A.

100 Light Street, Suite 1400

Baltimore, Maryland 21202

Email: [bswallow@fblaw.com](mailto:bswallow@fblaw.com)

410.659.8320 (telephone)

410.659.7773 (facsimile)

Dated: October 11, 2022

*Counsel for Defendant, Cigna Healthcare, Inc.*

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that on this 11th day of October 2022, a copies of the foregoing Motion for Extension of Time to Answer or Otherwise Plead in Response to Complaint and accompanying Praecipe and proposed Order were sent via sent via first-class mail, postage prepaid to the following:

Jianyi Zhang  
900 S. Washington Street, #112  
Falls Church, Virginia 22046

  
Bradley J. Swallow

30103.196:228418



**VIRGINIA:**

**IN THE CIRCUIT COURT OF ARLINGTON COUNTY**

**JIANYI ZHANG,**

\*

**Plaintiff,**

\*

**v.**

\*

**Case No. CL-22-003640-00**

**CIGNA HEALTHCARE, INC.,**

\*

**Defendant.**

\*

\* \* \* \* \*

**MOTION'S DAY PRAECIPE/NOTICE**

The Clerk of said Court will please place the above-referenced case on the Civil Motion's Day docket to be called on **Friday, October 21, 2022 at 10:00 a.m.** for a Motion for Extension of Time to Answer or Otherwise Plead in Response to Complaint filed by Defendant, Cigna Healthcare, Inc.

*Bradley J. Swallow / KAT w/ permission*  
Bradley J. Swallow (VSB No. 32170)  
FUNK & BOLTON, P.A.  
100 Light Street, Suite 1400  
Baltimore, Maryland 21202  
Email: [bswallow@fblaw.com](mailto:bswallow@fblaw.com)  
410.659.8320 (telephone)  
410.659.7773 (facsimile)

Dated: October 11, 2022

*Counsel for Defendant, Cigna Healthcare, Inc.*

**VIRGINIA:**

**IN THE CIRCUIT COURT OF ARLINGTON COUNTY**

**JIANYI ZHANG,**

\*

**Plaintiff,**

\*

**v.**

\*

**Case No. CL-22-003640-00**

**CIGNA HEALTHCARE, INC.,**

\*

**Defendant.**

\*

\* \* \* \* \*

**ORDER**

Upon the Motion filed by Defendant Cigna Healthcare, Inc. ("Cigna") for an extension of time to answer or otherwise plead in response to the Complaint filed in this action, it is, by the Circuit Court for Arlington County, Virginia, hereby


ORDERED, that the Motion shall be, and hereby is, GRANTED; and it is further

ORDERED, that Cigna shall be, and hereby is, granted an extension, until and including \_\_\_\_\_, 2022, of Cigna's time to answer or otherwise plead in response to the Complaint.

\_\_\_\_\_  
Judge, Circuit Court of Arlington County,  
Virginia

Entered this \_\_\_\_ day of \_\_\_\_\_, 2022

WE ASK FOR THIS

  
Bradley J. Swallow, Esq.  
Funk & Bolton, P.A.  
100 Light Street, Suite 1400  
Baltimore, Maryland 21202  
VSB No. 32170  
Office: 410-659-8320  
Fax: 410-659-7773  
E Mail: [bswallow@fblaw.com](mailto:bswallow@fblaw.com)

*Attorneys for Defendant Cigna Healthcare, Inc.*

cc: Bradley J. Swallow, Esquire  
Jiany Zhang

30103.196:228425

**VIRGINIA:**

**IN THE CIRCUIT COURT OF ARLINGTON COUNTY**

**JIANYI ZHANG,**

**Plaintiff,**

**v.**

**CIGNA HEALTHCARE, INC.,**

**Defendant.**

**Case No. CL-22-003640-00**

**Hearing Date/Time:  
October 21, 2022, 10:00 a.m.**

\* \* \* \* \*

**CERTIFICATION PURSUANT TO  
VIRGINIA SUPREME COURT RULE 4:15(b)**

Defendant Cigna Healthcare, Inc. by its undersigned counsel, hereby certifies that it made reasonable good faith efforts to confer with the Plaintiff Jianyi Zhang to resolve this matter or to determine a mutually agreeable date and time for hearing prior to filing the Motion for Extension to Time to Answer or Otherwise Plead in Response to the Complaint filed in the above-referenced matter.

Respectfully submitted,

 *Bradley J. Swallow/KAT w/ permission*

Bradley J. Swallow (VSB No. 32170)

FUNK & BOLTON, P.A.

100 Light Street, Suite 1400

Baltimore, Maryland 21202

Email: [bswallow@fblaw.com](mailto:bswallow@fblaw.com)

410.659.8320 (telephone)

410.659.7773 (facsimile)

Dated: October 11, 2022

*Counsel for Defendant, Cigna Healthcare, Inc.*

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that on this 11th day of October 2022, a copy of the foregoing  
Certification Pursuant to Virginia Supreme Court Rule 4:15(b) was sent via sent via first-class  
mail, postage prepaid to the following:

Jianyi Zhang  
900 S. Washington Street, #112  
Falls Church, Virginia 22046

  
Bradley J. Swallow

30103.196:228437

**VIRGINIA:**

**IN THE CIRCUIT COURT OF ARLINGTON COUNTY**

**JIANYI ZHANG,**

**Plaintiff,**

**v.**

**CIGNA HEALTHCARE, INC.,**

**Defendant.**

**Case No. CL-22-003640-00**

\* \* \* \* \*

**CONSENT ORDER GRANTING DEFENDANT'S  
MOTION FOR EXTENSION OF TIME**

Upon the Motion filed by Defendant Cigna Healthcare, Inc. ("Cigna") for an extension of time to answer or otherwise plead in response to the Complaint filed in this action and Plaintiff Jianyi Zhang having consented to the relief requested in the Motion, it is, by the Circuit Court for Arlington County, Virginia, hereby

ORDERED, that the Motion shall be, and hereby is, GRANTED; and it is further

ORDERED, that Cigna shall be, and hereby is, granted an extension, until and including November 21, 2022, of Cigna's time to answer or otherwise plead in response to the Complaint.

\_\_\_\_\_  
Judge, Circuit Court of Arlington County,  
Virginia

Entered this \_\_\_\_ day of October 2022

WE ASK FOR THIS:



Bradley J. Swallow, Esq.  
Funk & Bolton, P.A.  
100 Light Street, Suite 1400  
Baltimore, Maryland 21202  
VSB No. 32170  
Office: 410-659-8320  
Fax: 410-659-7773  
E Mail: [bswallow@fblaw.com](mailto:bswallow@fblaw.com)

*Attorneys for Defendant Cigna Healthcare,  
Inc.*

cc: Bradley J. Swallow, Esquire  
Jianyi Zhang

30103.196-228425.2

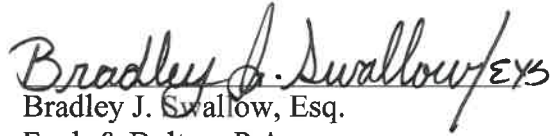
SEEN AND AGREED:



Jianyi Zhang  
900 S. Washington Street, #112  
Falls Church, Virginia 22046  
Telephone: 443-535-2541  
Email: [jianyi.zhang66@gmail.com](mailto:jianyi.zhang66@gmail.com)

*Plaintiff, Pro Se*

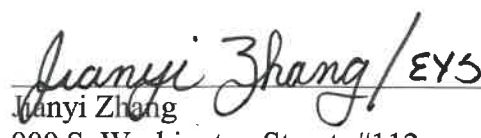
WE ASK FOR THIS:

Handwritten signature of Bradley J. Swallow in cursive, followed by a horizontal line and the letters "ES".

Bradley J. Swallow, Esq.  
Funk & Bolton, P.A.  
100 Light Street, Suite 1400  
Baltimore, Maryland 21202  
VSB No. 32170  
Office: 410-659-8320  
Fax: 410-659-7773  
E Mail: [bswallow@fblaw.com](mailto:bswallow@fblaw.com)

*Attorneys for Defendant Cigna Healthcare,  
Inc.*

SEEN AND AGREED:

Handwritten signature of Jianyi Zhang in cursive, followed by a horizontal line and the letters "EYS".

Jianyi Zhang  
900 S. Washington Street, #112  
Falls Church, Virginia 22046  
Telephone: 443-535-2541  
Email: [jianyi.zhang66@gmail.com](mailto:jianyi.zhang66@gmail.com)

*Plaintiff, Pro Se*

cc: Bradley J. Swallow, Esquire  
Jianyi Zhang

30103.196:228425.2